

Standard Operating Procedure for the Use of Safety Pods

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DOCUMENT TRACKING SHEET

Standard Operating Procedure for the Use of Safety Pods

Version	Status	Date	Issued to/approved by	Comments
1.0	Final	12 July 2021	Trust Wide Patient Safety and Mortality Review Group	Approved

REFERENCES

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RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

Promoting safe Services Policy	KMPT.CorG.013.12
Seclusion Policy	KMPT.CliG.195.01
Long-term Segregation Policy	KMPT.CliG.196.01
UK Pod Ltd Maintenance Log and Refill Guide	
UK Pod Ltd Safety Pod Manual	
Medical Devices Policy	KMPT.CliG.004.09

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)

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1 INTRODUCTION

- 1.1 Kent & Medway NHS & Social Care Partnership Trust (KMPT) is committed to providing quality care that is safe for everyone. Challenging and harmful behaviours are prevalent within mental health and learning disability settings and have significant and diverse outcomes for all involved. A reduction in both these behaviours and the use of restrictive practices will enhance patient experience and recovery and engagement with services; provide a safe and conducive place for our staff to provide quality care and a safe and pleasant environment for carers and families to visit.
- 1.2 KMPT are introducing safety pods into all inpatient wards to aid staff to provide the highest level of care and support in situations that may appear challenging. The Safety Pod is a piece of work equipment that has been specifically designed for physical intervention use as a least intrusive option and with the primary aim of reducing/eliminating the use of floor restraint.
- 1.3 Other reported benefits of the safety pod include patients using them independently to reduce agitation, for self-soothing and to engage in therapeutic activities, all of which can contribute to the reduction of challenging situations arising and the need for restrictive practices.

2 PURPOSE

- 2.1 The purpose of the safety pod and this SOP is to:
 - 2.1.1 reduce restrictive practices and promote patient and staff experiences.
 - 2.1.2 support best clinical practice and ensure dignity of the service user is protected.
 - 2.1.3 provide guidance to ensure correct use, storage, cleanliness and maintenance of the Safety Pods in Clinical areas.
 - 2.1.4 provide a function that allows the service user requiring support to receive an individualised response in terms of head and neck support, spinal alignment and seating angle and potentially reduce the risk of positional asphyxia.
 - 2.1.5 Enhance the therapeutic environment with comfortable seating that makes patient feel safe in themselves.
 - 2.1.6 reduce need for other types of restraints such as floor restraints.
 - 2.1.7 reduce the risk of injuries to both patients and staff during restraint.

3 SCOPE

- 3.1 This SOP relates to all inpatient service provided by KMPT which include:
 - 3.1.1 Acute Inpatient Services
 - 3.1.2 Older Adult Services
 - 3.1.3 Forensic and Specialist Services, including Learning Disability services
- 3.2 This SOP applies to all staff and patients within the above inpatient services.

4 RESPONSIBILITIES

- 4.1 Promoting Safe Services Manager/team to provide training on techniques to use with the safety pod to staff from clinical units. This will be a combination of locally delivered sessions and within all Physical intervention courses.
- 4.2 All Matrons and Ward Managers to ensure their staff are trained in Physical Interventions and are made aware of this SOP.
- 4.3 All clinical staff are responsible for adhering to this SOP on the Use of Safety Pods and other relevant policies such as the Promoting Safe Services Policy.

5 USING THE SAFETY POD

5.1 During Physical Interventions

- 5.1.1 All uses of physical interventions incorporating the use of the safety pod must adhere to the Promoting Safe Services Policy.
- 5.1.2 The safety pod should be used at every opportunity when physically managing a patient that is distressed/presenting challenging behaviours, both to reduce floor restraints and promote dignity and safety to patients and staff.
- 5.1.3 Only staff trained in the use of physical interventions should employ techniques including the use of the safety pods, unless in an absolute emergency to safeguard against serious injury being caused.
- 5.1.4 Patients should be sat in the pod with their head and neck supported by the hood area.
- 5.1.5 **Under no circumstances should a patient be placed in the prone position (face down) on the safety pod.**
- 5.1.6 **Under no circumstances should the safety pod be placed on top of a patient to restrain them.**
- 5.1.7 The safety pod can be placed in a designated seclusion room to promote dignity and comfortable seating. However, only the Ultra-Shield pod can be used in the high-risk area.
- 5.1.8 Every secluded patient's behaviour must be risk assessed in relation to destructive behaviours and the misuse of the safety pod, e.g. to climb on and reach ceiling fixtures.
- 5.1.9 If above mentioned behaviours put the patient or others at risk, then the safety pod should be removed from the seclusion room if safe to do so.
- 5.1.10 Patients should be discouraged from standing on the safety pod as they might fall.
- 5.1.11 It is not advised to use the safety pod on wet or slippery surfaces.

5.2 To Enhance the Therapeutic Environment

- 5.2.1 The benefits of the safety pod when used independently by patients are numerous, including self-soothing and as a self-modifying activity. Staff should encourage patients to use the pod to self-manage their agitation.
- 5.2.2 One safety pod should be placed in a communal area for patients to freely use which can be supervised by staff at all times.
- 5.2.3 Patients with mobility conditions that can not get out of the safety pod independently must be supervised at all times and assistance out of the safety pod available when requested either verbally or non-verbally.

- 5.2.4 Use of the safety pod should be encouraged to engage in therapeutic one-to-ones.
- 5.2.5 If either the patient expresses or the staff report the use of the safety pod is a positive primary preventative intervention, this should be documented within the care plan and/or positive behaviour support plan.

6 MANOEUVRING THE SAFETY POD

- 6.1 The Safety Pod weighs approximately 15kg. It is advised that the Safety Pod is set up for use and placed upright, on its side when manoeuvring as in the below picture.



- 6.2 Local risk assessments should be completed by Moving & Handling Link Workers on each inpatient setting to ensure adherence to legislation and policy.
- 6.3 All staff should be in up-to-date with their moving & handling essential training.
- 6.4 There may be times when the safety pod may need to be moved to an incident to be used for a restraint.

7 CLEANING, MAINTAINENCE AND REFILL GUIDANCE

- 7.1 Cleaning
 - 7.1.1 Safety Pods have been engineered with materials that can be cleaned using all current NHS approved cleaning solutions such as Chlor-Clean, Haz-tab, Milton and Tristel. They can sustain the most rigorous cleaning processes.
 - 7.1.2 For infection control purposes, the safety pod should be cleaned after every use using Trust approved disinfectant wipes. Body fluids/spillage must be clean immediately using the appropriate spillage kits.
- 7.2 Maintenance
 - 7.2.1 To maintain optimum performance, the safety pod must be checked on a regular basis. Visual checks should take place after every use to ascertain any damage, tears, stains etc.
 - 7.2.2 The safety pod is registered as a medical device and therefore must have a documented weekly inspection to ensure it is fit for use and has no damage or defects. This maintenance check will be documented on Appendix A: Weekly Maintenance Log.

- 7.2.3 UK Safety Pods does not accept responsibility for damage to a safety pod that does not carry a clear record of consistent maintenance. This may affect the service agreement in place.

7.3 Refill Guidance

- 7.3.1 The safety pods will need to be serviced regularly to maintain their supportive structure. Staff can visually inspect the pod to ascertain when a service is due as this will be dependant on frequency of use.
- 7.3.2 It is recommended the safety pod maintains an even level from front to back and across each side as shown below in picture 1 – Set up position.
- 7.3.3 If the hood of the Safety pod passes the half way seam as highlighted in picture 2, or it does not have an even surface when the safety pod is in the set-up position, this indicates that the safety pod may need to be serviced and/or refilled. All arrangements for servicing are to be forwarded to Info@ukpodsltd.co.uk
- 7.3.4 It would be beneficial to liaise with all inpatient managers on site regardless of care group to enquire if multiple pods can be serviced at the same time. This will cut down on the waiting time for the pods to be serviced.

Picture 1 – Set up position



Picture 2 – Half way seam



8 EQUALITY IMPACT ASSESSMENT SUMMARY

- 8.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

9 HUMAN RIGHTS

- 9.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the 14.1 protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with.

10 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

<i>What will be monitored</i>	<i>How will it be monitored</i>	<i>Who will monitor</i>	<i>Frequency</i>	<i>Evidence to demonstrate monitoring</i>	<i>Action to be taken in event of non-compliance</i>
PSS Safety Pod training	Training Compliance figures	PSS Manager, Heads of Nursing, Matrons Ward Managers	Weekly until all launched. Annual training thereafter.	Training Compliance of 60% for launch of pods.	Reports on training to be submitted to Workforce Committed by L&D
Reporting on the use of Safety Pods during restraint	Datix reports	PSS Manager & PSS team.	Monthly	Monthly restraint data	Reports to be submitted to Heads of Service

APPENDIX A – MONITORING LOG



Safety Pod
Maintenance Log R